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MEMORANDUM

TO: All Interested Parties

FROM: Leza Wainwright

A handwritten signature in dark ink, appearing to be "LW", written over the printed name "Leza Wainwright".

SUBJECT: Summary Version of Implementation Update #73

This is our third summary edition of the authorized Implementation Updates. Please send any input or suggestions to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and the two other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>; refer to the detailed version as the authority to avoid confusion.

Critical Access Behavioral Health Agencies Enrollment, Authorization, and Claims

- Several organizations have now been certified as meeting Critical Access Behavioral Health Agency (CABHA) status.
- A provider is still required to enter into standardized Memoranda of Agreements (MOAs) with Local Management Entities in the catchment areas where they deliver services and a standardized contract with those same Local Management Entities for State-funded services.
- Additional information about Critical Access Behavioral Health Agency can be found at <http://www.ncdhhs.gov/mhddsas/cabha/>.

Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Billing Information

Each Critical Access Behavioral Health Agency is required to offer, at a minimum, the following "Core" services:

1. Clinical Assessment
2. Medication Management
3. Outpatient Therapy
4. At least two additional MH/SA services (from the list below)
 - Intensive In-Home (IIH)
 - Community Support Team (CST)
 - Substance Abuse Intensive Outpatient Program (SAIOP)

- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
 - Child and Adolescent Day Treatment
 - Psychosocial Rehabilitation (PSR)
 - Assertive Community Treatment Team (ACTT)
 - Multi-Systemic Therapy (MST)
 - Partial Hospitalization (PH)
 - Substance Abuse Medically Monitored Community Residential Treatment
 - Substance Abuse Non-Medical Community Residential Treatment
 - Outpatient Opioid Treatment
 - (Therapeutic Foster Care) Child Residential Level II – Family Type
 - Child Residential Level II – Program Type
 - Child Residential Level III and IV
 - Therapeutic Family Services (upon approval by CMS)
5. **Only Critical Access Behavioral Health Agencies will be able to provide Mental Health/Substance Abuse Targeted Case Management** upon approval by the Centers for Medicare and Medicaid Services (CMS). Note: Critical Access Behavioral Health Agencies are not required to provide this service.

Critical Access Behavioral Health Agency Enrollment

- Per Implementation Update #70 (<http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/>), providers who have achieved certification as a Critical Access Behavioral Health Agency will need to complete a Medicaid Provider Enrollment Application (<http://www.nctracks.nc.gov/provider/providerEnrollment/>) to obtain a Medicaid provider billing number (MPN).

Critical Access Behavioral Health Agency and National Provider Identification (NPI)

- See the full version of Implementation Update #73 for details.
- Please refer to the National Provider Identification section on the Division of Medical Assistance website at <http://www.ncdhhs.gov/dma/NPI/> for additional information regarding National Provider Identification.

Authorization Requests

- Critical Access Behavioral Health Agencies should submit requests for all enhanced services with the attending Medicaid Provider Billing Number. All authorizations will be made to the attending Medicaid Provider Billing Number. In other words, providers should continue to request authorizations in the same way as they do today.
- For outpatient services, independently enrolled providers operating under a Critical Access Behavioral Health Agency, are required to submit a new request for prior approval to ValueOptions for service dates effective July 1, 2010, and forward for any recipient that will now be seen under a Critical Access Behavioral Health Agency.
- These new authorizations will only be required for “Critical Access Behavioral Health Agency” service recipients. Providers must submit one authorization request per recipient for **each attending provider**.
- Prior authorizations for outpatient services will now cover **only** the attending provider who requested and received the authorization.

Special Instructions: Therapeutic Foster Care (Level II–Family Type) and Levels II–Program Type, III, and IV Residential Child Care (RCC)

- Providers should continue to request authorizations in the same way as they do today.

Claims Submission

Implementation Update 73 includes clarification regarding claims submission for CABHA agencies.

New Prior Authorization Guidelines for Outpatient Behavioral Health Service Providers and Provisionally Licensed Providers Billing “Incident to” a Physician or through the Local Management Entity

Implementation Update 73 includes clarification regarding prior authorization guidelines for “incident to” outpatient services.

For Critical Access Behavioral Health Agencies only: For outpatient services, independently enrolled providers operating under a Critical Access Behavioral Health Agency are required to submit a new request for prior approval to ValueOptions for service dates effective July 1, 2010, and forward for any recipient that will now be seen under a Critical Access Behavioral Health Agency.

Community Support Case Management Component

- Current Community Intervention Service providers and Critical Access Behavioral Health Agencies will be able to provide the case management component of Community Support service by qualified and licensed professionals during the interim period until the new case management service definition is approved.
- As a result, consumers currently receiving Community Support and new consumers entering the system on or after July 1, 2010, will be able to receive the case management component of Community Support in order to facilitate and ease the transition to the new case management service.
- Please see Implementation Updates #65 and #68 (<http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/>) for additional information.
- Requests for the skill building components of Community Support services for children must follow the established Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) procedures and requirements, which are available at <http://www.ncdhhs.gov/dma/epsdt/>.

Revised Staff Training Requirements for Community Support Team, Intensive In-Home, and Day Treatment Services

- In response to concerns from providers the training requirements for staff delivering Community Support Team, Intensive In-Home and Day Treatment services have been re-evaluated.
- Implementation Update 73 outlines the revised training requirements and attempts to put the thinking regarding these training requirements into proper clinical context.
- The use of *evidence-based practices* emphasizes the need for the provider agencies and staff to embrace the practice and design continuous on-the-job training approaches creating a “learning community” approach to implementation.
- The training requirements have been redesigned to lay the foundation for the creation of learning community approaches by exposing all provider agency direct care staff to introductory classroom training that begins to build the understanding of the key principles required in each practice.
- Community Support Team, Intensive In-Home and Day Treatment services will be delivered only by Critical Access Behavioral Health Agencies.
- As Critical Access Behavioral Health Agencies become certified and operational, the Department of Health and Human Services will continue to work in collaboration with the training directors of these agencies to continue to expand this goal and vision of ongoing training to increase the availability of true, model-faithful evidence-based practices that improve outcomes for consumers.
- **Please see Implementation Update 73 and the Attachments A-C to review the revised training requirements. These changes include:**
 1. **Person Centered Thinking**
 2. **Motivational Interviewing**
 3. **System of Care**
 4. **Clarification for Other Training Requirements**
 5. **Service Definition Changes**
 6. **Hours and Timeframes**

Critical Access Behavioral Health Agency Update

- By the fourth week in May 2010, a total of 12 agencies have been certified as Critical Access Behavioral Health Agencies. Many agencies are in the review process. A list of the agencies receiving Critical Access Behavioral Health Agency certification will be available at <http://www.ncdhhs.gov/mhddsas/cabha/index.htm>.

Provider Performance Report

- The Department of Health and Human Services will begin publishing individual Provider Performance Reports on the Division of Mental Health, Developmental Disabilities and Substance Abuse Services website.
- Implementation Update 73 includes an attachment of a draft Provider Performance Report.
- The Department of Health and Human Services is seeking input from provider agencies, Local Management Entities, and consumers and family members on the plans for this project. Please submit any comments to ContactDMHQuality@dhhs.nc.gov by June 30, 2010.

Psychiatric Residential Treatment Facilities Nursing Coverage

- Finding Registered Nurses to fulfill the third shift staffing requirements at Psychiatric Residential Treatment Facilities has been problematic and may be inhibiting the development of these programs.
- Many Psychiatric Residential Treatment Facilities have submitted waiver requests to have a Licensed Practical Nurse fulfill this requirement on the third shift.
- The Department of Health and Human Services has approved and will continue to approve these requests when the provider indicates that a Registered Nurse is available on call to assist the Licensed Practical Nurse if necessary.

Targeted Case Management Services for Individuals with Developmental Disabilities (Update/Clarification of IU #71)

- Effective July 1, 2010 the Division of Medical Assistance is requiring all Targeted Case Management provider agencies to be directly enrolled to provide Medicaid reimbursable Targeted Case Management services for individuals with developmental disabilities.

Implementation Update 73 includes clarification regarding Targeted Case Management provider enrollment.

Accreditation Requirements for Developmental Disability Targeted Case Management Providers

- Providers of Targeted Case Management (TCM) services for individuals with developmental disabilities are required to secure national accreditation within one year of enrollment with Division of Medical Assistance.

Community Alternatives Program-Mental Retardation/Developmental Disabilities: Processing Person Centered Plans by Value Options

- Implementation Update 73 provides clarification to information in Implementation Update 72.
- Please see Implementation Update 73 regarding this correction.

Unless noted otherwise, please email any questions related to this Summary Implementation Update to ContactDMH@dhhs.nc.gov.